North Dakota Substance Abuse Prevention

Targeted Community

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How did we get here?

- DHS announced a new program in August 2010 where communities can apply to be selected as a Targeted Community
- Goal to bring substance abuse prevention to local level
- November 2010, DHS announced five Targeted Communities across ND









GOALS OF SUBSTANCE ABUSE PREVENTION

- Delay the onset of alcohol use
- Eliminate alcohol use under the age of 21
- Eliminate binge alcohol use among those age 21 and older
- Eliminate illicit drug use
- Prescription and over-the-counter drugs are used only for the purposes for which they were intended
- Other abusable substances (aerosols) are used only for their intended purposes





KEY PREVENTION PRINCIPLES

- → Targets all ages (not just youth)
- → Built on a **public health model**, which has proven to be the most effective at creating and sustaining community level change
- → Strategies and efforts **driven by data**
- → Use of effective, evidence-based strategies
- → Must **show outcomes**, which are measured at the population level instead of the individual level









Implementing substance abuse prevention programs are economically beneficial, with a nearly \$10 return for every dollar invested in prevention.

(http://www.ppsi.iastate.edu/press/vienna.htm)









What Prevention is NOT...

- It is NOT focused on changing behavior of those already abusing a substance
- It is NOT focused on changing individual behavior
- It is NOT "prohibition" of alcohol in a community
- It is NOT condemning those who drink or sell alcohol responsibly.

What Prevention IS . . .

- Efforts to stop a problem from happening before it starts
- Focus on creating healthy and safe environment for people of all ages
- May take years or even a generation to see changes







The Role of a Community Prevention Specialist

Community Technical Assistance

- Act as a liaison and advocate for Targeted Communities
- Coordinate specialized substance abuse prevention services
- Guide Targeted Communities through the Strategic Prevention
 Framework (SPF) process
 - Assessment
 - Capacity Building
 - Planning
 - Implementation
 - Evaluation



STRATEGIC PREVENTION FRAMEWORK









1. ASSESSMENT



Review local data

 Meet with community members, youth, and leaders

• Identify community resources (partners, places, funds, etc.)







Needs Assessment



An overall assessment of Carrington that provides the Carrington Health Center's Healthy Communities Coalition with:

- ✓ Demographics
- ✓ Local data
- ✓ Community norms relating to substance use

Local, regional, state, and national comparisons of...

- ✓ Consumption
- ✓ Consequences
- ✓ Perceptions







Carrington Health Center's Healthy Communities Coalition

Carrington Health Center's Healthy Communities
Coalition promotes healthy living by providing
multi-generational alcohol-free activities in a
positive and healthy environment to all Carrington
residents. They focus on alcohol/drug/tobacco use
prevention and responsibility.

Demographics Overview

- •According to the 2010 Census, Carrington had a 8.95% decrease in population in the past 10 years.
- •The median household income in 2009 was \$47,251, which is approximately \$600 less than the state median household income of \$47,827.
- •98.6% of residents reported their race as "white alone."







Local Data

1. Alcohol use

- Underage Drinking
- Adult Drinking
- Perceptions surrounding alcohol use

2. Substance use

Youth

3. Consequences of substance abuse

- Treatment
- Crashes, Injuries, Crime

4. General Community Perceptions

- Permissive Attitudes
- Support for Prevention
- Community Commitment

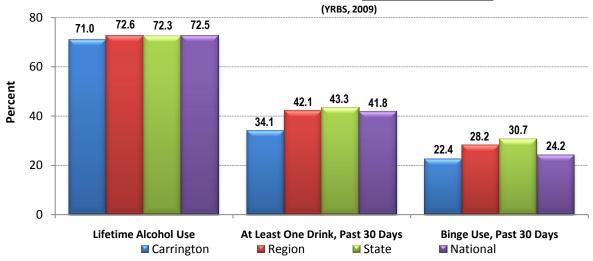
5. Community Readiness

1. ALCOHOL USE

- Underage Drinking
- Adult Drinking
- Perceptions surrounding alcohol use

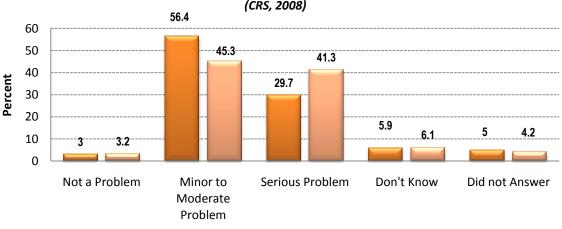
High Level of Underage Drinking





Community **Perception** of Underage Drinking

n=101 (Frontier, Region 6); n=2,357 (State) (CRS, 2008)



State

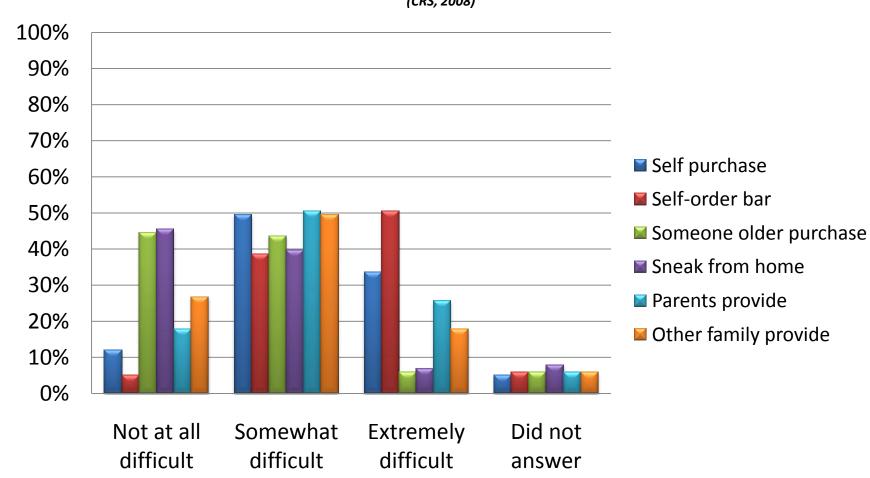
Frontier

Less than 1/3 of the community feels underage drinking is a serious problem; however, 71% of high school students have consumed alcohol.

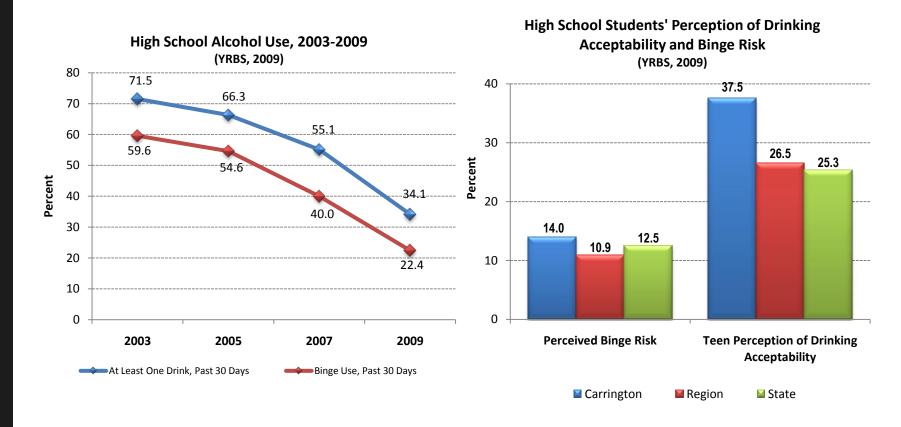
High Level of Underage Drinking

Community **Perception** of Underage Access to Alcohol

n=101 (Frontier, Region 6) (CRS, 2008)

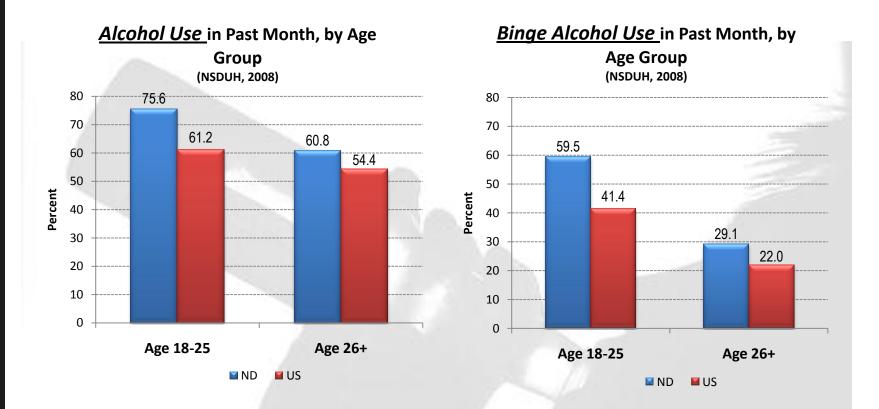


Perception of Risk vs. Acceptability



Carrington high school students have reported a decrease in alcohol consumption; however, more teens feel drinking is acceptable and less feel that binge drinking is harmful than students statewide.

High Level of Adult Drinking

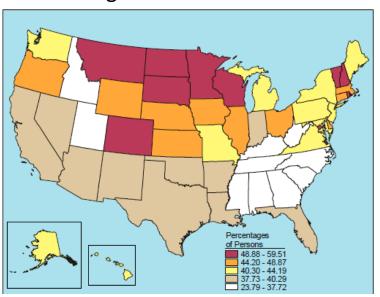


North Dakota ranks #1 in the nation for adult binge drinking in both age ranges.

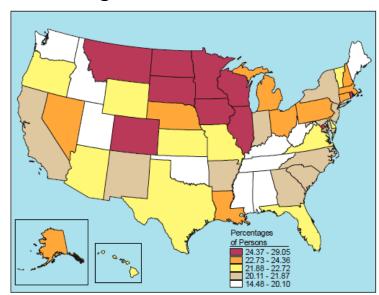
High Level of Adult Drinking

The upper Midwest generally has the highest rankings for binge drinking.

18-25 Binge Alcohol in Past Month



26+ Binge Alcohol in Past Month

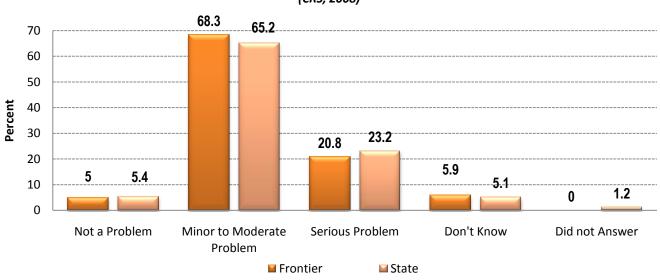


Source: SAMSHA, Office of Applied Studies, National Survey on Drug Use and Health, 2007 and 2008.

Perception of Adult Drinking

Community **Perception** of Adult Alcohol Use

n=101 (Frontier, Region 6); n=2,357 (State) (CRS, 2008)



Even though North Dakota ranks #1 in the nation for binge drinking among adults, one-fifth of community members perceive adult drinking as a serious problem.

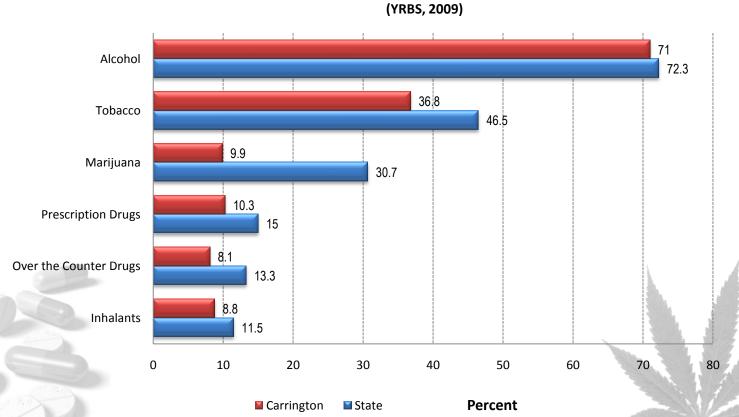
2. SUBSTANCE USE

Youth

Alcohol is the most common substance among Carrington high school students and high school students statewide.

Substance Use

High School Lifetime <u>Substance Use</u>

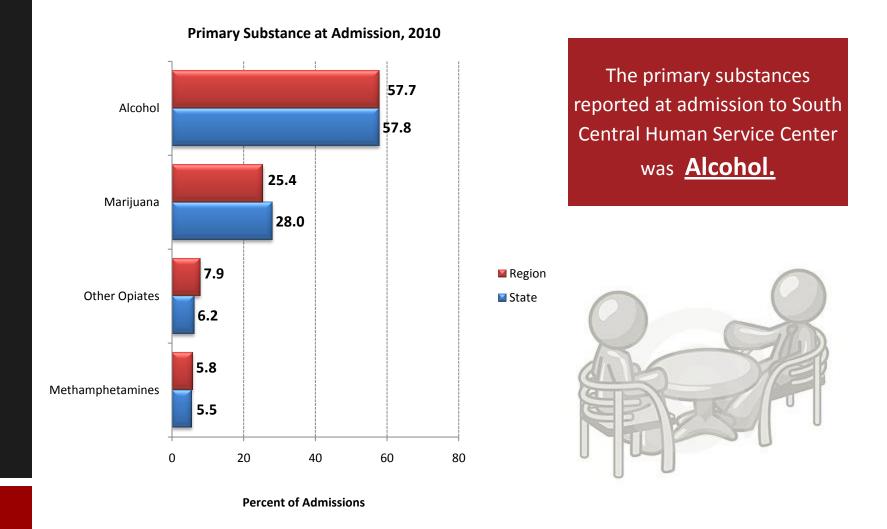


3. CONSEQUENCES OF SUBSTANCE USE/ABUSE

- Treatment
- Crashes, Injuries, Crime

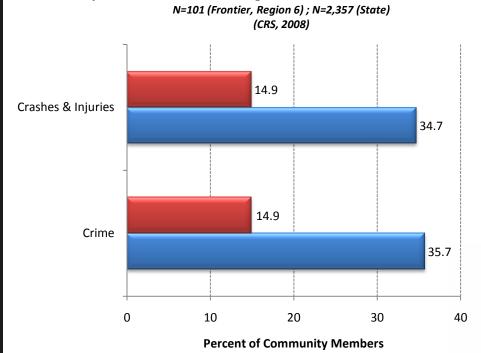
Consequences of Substance Abuse

-Treatment Admissions-



Consequences of Substance Abuse -Crashes, Injuries, and Crime-

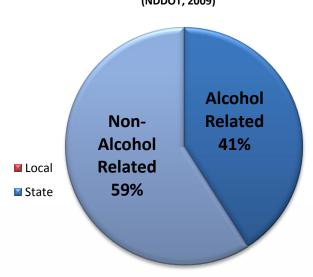




25% of all adult arrests in ND are DUIs

Fatal Crashes





4. GENERAL COMMUNITY PERCEPTIONS

- Permissive Attitudes
- Support for Prevention
- Community Commitment



To what extent do community members agree with the following statements

n=101 (Frontier, Region 6) (CRS, 2008)

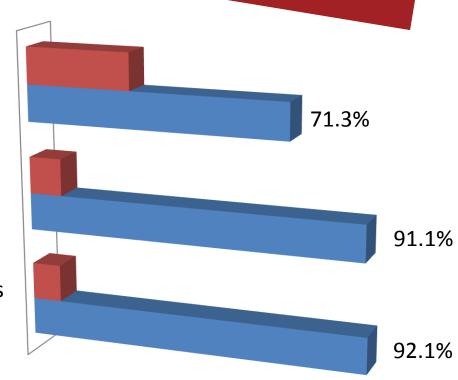
■ Agree ■ Disagree

Carrington is **NOT** permissive!

In my community, drinking among teenagers is acceptable.

It is okay for parents to offer their youth alcoholic beverages in their home

It is okay for youth to drink at parties as long as they don't get drunk

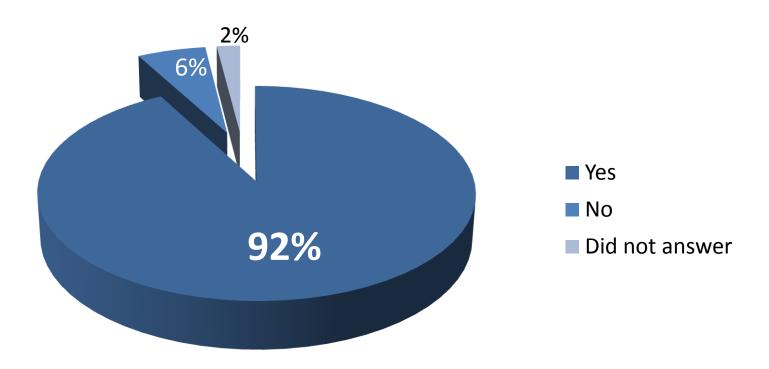




SUPPORT FOR ATOD PREVENTION

It is possible to reduce alcohol and drug problems through prevention

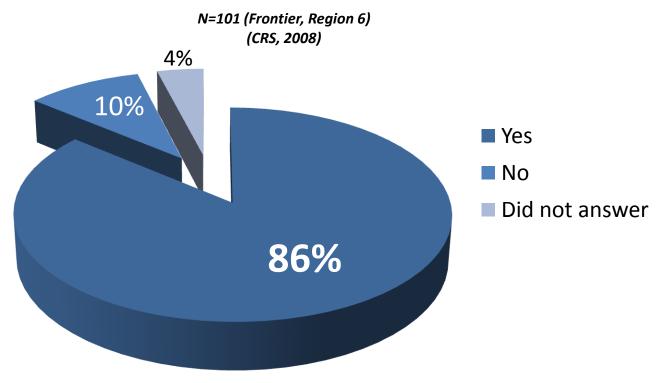
n=101 (Frontier, Region 6) (CRS, 2008)





SUPPORT FOR ATOD PREVENTION

The community has the responsibility to set up prevention programs and to help people avoid alcohol and other drug problems





SUPPORT FOR ATOD PREVENTION

Do community members support the following...



N=101 (Frontier, Region 6) (CRS, 2008)

■ Yes
■ No

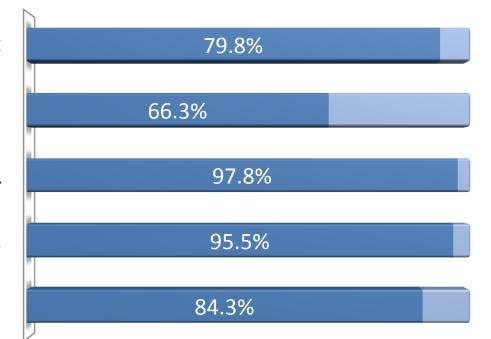
DUI checkpoint

Law Against Parents Providing Alcohol

Compliance Checks -ALCOHOL

Penalties for Contibuting to Minors

Drinking Age of 21

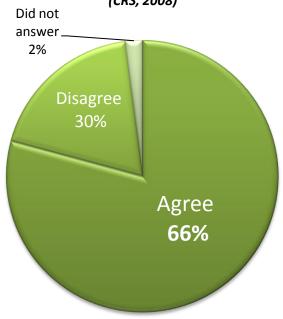




COMMUNITY COMMITMENT

I am concerned about whether my community has sufficient ATOD prevention programming

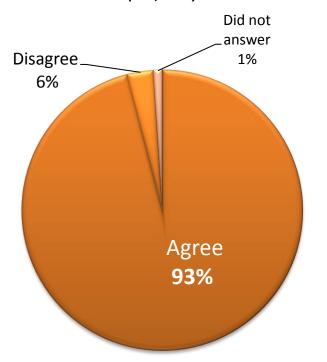
n=101 (Frontier, Region 6) (CRS, 2008)



Carrington **IS** committed!

Preventing ATOD use among youth is important

n=101 (Frontier, Region 6) (CRS, 2008)



5. COMMUNITY READINESS

Community Readiness...

...is the degree to which a community is prepared tackle substance abuse prevention

...is determined by assessing different factors such as

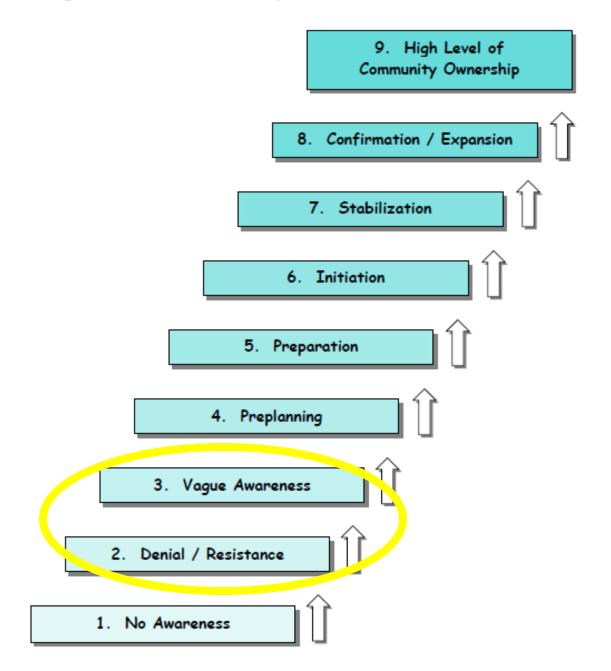
- perception of a documented problem -
 - access -
 - -permissive attitudes -
 - support for prevention -
 - community commitment -

Community Readiness

(from 2008 Community Readiness Survey [CRS])

	Area to Improve	Area of Strength
Perception of Documented Problem	✓	
Non-Permissive Attitude		√
Access	✓	
Support for ATOD Prevention		✓
Community Commitment		✓

Stages Of Community Readiness



2. Denial / Resistance	At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally.
3. Vague Awareness	Most feel that there is a local concern, but there is no immediate motivation to do anything about it.





TO RAISE AWARENESS THAT THE COMMUNITY CAN DO SOMETHING.

Overview of Community Interviews

- Community members reported that the community as a whole is aware of the issues with drug and alcohol abuse; however, it is still not seen as a large problem.
- Everyone indicated that alcohol is the primary substance of concern.
- •The Carrington Health Center's Healthy Communities Coalition is an active coalition that is willing to focus efforts on substance abuse prevention.
- Some community members reported feeling that there are few consequences for underage drinking.
- •Carrington community members have been supportive of numerous alcohol free, community-wide events.
- •Youth in Carrington are active in prevention efforts.







Priority Identified from Assessment

1)Alcohol use/abuse among youth and alcohol abuse among adults.







What's Next?

- ✓ Complete Needs/Resources Assessment
- Develop an Awareness Plan
- Implement Plan
- Evaluate and Modify Prevention Efforts

Help your Community, Get Involved!

ND STATE PREVENTION TEAM

Pamela Sagness-Prevention Administrator

Laura Anderson-PRMC Administrator

Elizabeth Cunningham – Prevention Research Analyst

Amber Jensen-Prevention Media Specialist

Rachelle Loda-Prevention Education Specialist

Vacant-Prevention Criminal Justice Specialist

Vacant-Prevention Workplace and Treatment Specialist

Stacey Sheppard-Prevention Assistant

Crystal Kraft-Community Prevention Specialist

Tom Volk-Community Prevention Specialist

Coby Rabbithead-Three Affiliated Tribes Prevention Coordinator

Dave Garcia-Turtle Mountain Prevention Coordinator

Deanne Bear Catches-Standing Rock Prevention Coordinator

Lisa Burdick-Spirit Lake Prevention Coordinator









QUESTIONS?









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